

Excerpted from: [Quebec, National Assembly, Select Committee on Dying With Dignity \(2012\) at 72-75.](#)

Can the practice of euthanasia lead to abuse?

Opponents of euthanasia are worried about potential abuse. Those in favor of an openness to this practice agree on the need for strict criteria to determine who can qualify to make such a request. Still, opponents are convinced these criteria, which may be restrictive at the outset, will expand over time. A number of witnesses drew a parallel with abortion to prove their point⁶². The experience of the Netherlands was also cited to back up their assertion. It was pointed out that at first only adults were eligible for euthanasia but that now minors age 12 and over also have access under certain conditions⁶³. As well, a petition is currently circulating in the country to allow people who are “tired of living” to qualify for euthanasia⁶⁴. This was the first aspect of the so-called “slippery slope” argument.

Those in favor of an openness to euthanasia are well aware of the gravity of the act and therefore consider it essential to establish guidelines to govern the practice and prevent the risks of abuse where the vulnerable are concerned. For example, we have to make sure the person has the ability and is capable of making a free and informed request. Opponents counter that these guidelines will not always be respected, pointing out that in Belgium, euthanasia has been carried out on people who only made the request verbally, despite the law requiring that consent be given in writing. As well, although attending physicians are required by law to seek the opinion of a second physician, this is not always done. This is the second aspect of the slippery slope argument.

This argument was weighed very carefully. This possibility was already a source of concern, and we therefore asked many questions on the matter during the hearings. We read the literature on the Belgian and Dutch experiences but were unable to discern a clear trend. The studies were often contradictory and at times controversial. The same official statistics were interpreted in diametrically opposed ways and lead to different conclusions depending on whether the researcher was for or against euthanasia. Researchers are sometimes accused of producing biased results based on their personal beliefs. It was therefore difficult to form an opinion. The mission to Belgium and the Netherlands filled in the gaps.

⁶² It should be mentioned, however, that the decriminalization of abortion was not accompanied by a legal framework of practice.

⁶³ This argument is based on false information. In fact, from the very outset, legislation on euthanasia in the Netherlands stipulated that adults and minors age 12 and over could have access under certain conditions. It also bears mentioning that this legislation was preceded by a period of tolerance for adults. Lastly, the legislation has never been amended since it was enacted.

⁶⁴ In fact, this petition pertains to the possibility of elderly people suffering from multiple ailments that are not life threatening when considered separately to be euthanized. According to the argument advanced by this petition, these afflictions considered as a whole respect the criteria provided by law. However, there is no political will to expand the law to this effect.

Belgian and Dutch laws provide guidelines to structure the practice of euthanasia. By visiting these countries, we were able to learn how these guidelines, which have been in effect for several years now, are applied in system⁶⁵, which we feel guarantees the independence of the second doctor charged with corroborating the attending physician's diagnosis. We were all reassured when we saw how strictly the practice was controlled, as well as how carefully and seriously physicians and all medical staff approached this matter. The trivialization feared by certain witnesses has never materialized, in a society where the practice was tolerated long before it was legalized.

As for the argument that physicians would be able to euthanize people who do not request it, what we found instead is that European doctors are reluctant to agree to this course of action, even if all the criteria are met, and will do so only once they are sure that all the possible care has been given and that the decision has been carefully thought out. In fact, in Belgium⁶⁶, the problem is the exact opposite: there are reports of people whose medical situation meets the criteria provided by law but who cannot find a doctor to comply with their request⁶⁷. Meanwhile, none of the doctors we met mentioned ever being pressured to perform euthanasia against their will.

As such, in the countries visited, we did not observe any abuse associated with the feared slippery slope⁶⁸. In fact, physicians and institutions that do not practice euthanasia, and even those opposed to it, told us the slippery slope has not materialized. Moreover, the annual reports of control boards, composed in part of opponents of euthanasia, have reported only a handful of problems over the years where certain formal procedures (second opinion, written request) were not followed. That said, no one has had to resort to the courts, and no private complaint has been reported, as the criterion for a free and informed request was met. In addition, the media has reported no cases of abuse, and polls show the public is still as favorable, if not more so, to euthanasia⁶⁹. Lastly, there is no popular movement of political will to go back to the way things were.

Of course, any human endeavor, regardless of its nature, involves risks. To deny this would be disingenuous. However, we firmly believe these risks can be eliminated by defining clear and strict guidelines. We are fortunate to be able to rely on the experiences of other countries and perfect their models. We are convinced that Québec society is ready to take up such a challenge. Moreover, the argument of abuse presupposes the complicity of physicians, nurses, health system administrators and patients' families. We feel this is highly improbable. We have full

⁶⁵ This system is explained in greater detail in the next section.

⁶⁶ Especially in the Walloon part of the country.

⁶⁷ Belgian doctors are entitled to conscientious objection.

⁶⁸ It bears mentioning that in its report, the expert panel of the Royal Society of Canada also concluded there was no abuse in these countries. Royal Society of Canada, *End-of-Life Decision-Making*, November 2011, 138p.

⁶⁹ For example, the last survey in the Netherlands reported 85% support of the law.

confidence in our health professionals and cannot imagine they would become agents of death overnight.

Every day, these men and women are asked to make decisions and take actions with life and death implications for their patients. Every day, sick people make the decision to refuse yet another chemotherapy treatment, and families make the tough choice to stop force feeding their loved ones. No abuse has been reported since refusal and cessation of treatment was legalized and became common practice.

Instead, we find that therapeutic obstinacy still exists today. Some participants speculated that the reason for this may be fear of prosecution, despite the fact that it is legal to refuse or stop treatment. This fear may also explain why doctors hesitate to resort to palliative sedation, especially continuous sedation. Introducing euthanasia into the continuum of end-of-life care, by clarifying what constitutes appropriate care, could help eliminate this reticence.

Paradoxically, as some pointed out, the absence of legislation could encourage an unofficial practice of euthanasia, which opens the door to all manner of abuse. In fact, as we have seen, physicians concede that euthanasia is already practiced in Québec. Despite the confusion that may exist between increasing the doses of opiates, continuous palliative sedation and euthanasia, we heard enough to be persuaded that euthanasia is indeed going on, even if only rarely. The situation in Québec is the same as it was in Belgium and the Netherlands before euthanasia was legalized⁷⁰. Besides potential for abuse, “unofficial” euthanasia is not governed by rules and specific expertise. Therefore, there is the risk of complications. Physicians who perform euthanasia do not necessarily know the best protocols.

Lastly, despite lobbying by certain associations, Belgian and Dutch laws have never been amended to expand the eligibility criteria for euthanasia since their enactment over a decade ago. The policymakers in these countries are clearly monitoring their legislation very carefully. We are convinced that it would be the same in Québec given our strict legislative process, in which public consultations play a prominent role.

In a democratic society such as ours, in which the National Assembly and the media provide effective checks and balances of government action, we are sure that any abuse would be denounced and thwarted. Moreover, the people and organizations opposed to any type of openness to euthanasia would be a part of the social control mechanism and provide one more safeguard.

⁷⁰ Physicians confided to us that they practiced euthanasia before the legislative changes.